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"NEC TENUI PENNA."

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE letter from our Paris correspondent is highly interesting. What he says of the calm impudence of the Parisians in claiming every thing in the art and science of medicine—and indeed in the science and art of every thing—is greatly characteristic of the old civilizations. Our Chinese brethren can easily surpass our Omphalic friends in such matters as these. When Paris shall establish its claims to have invented the world, then will Pekin show us that it invented Paris. Meanwhile it was not very unnatural that the French should put in some claim to have noticed fracture at the end of the radius, although Mr. Colles had also cast his eye thereon, and we have been accustomed to number such broken bone among the peculiar rights and honors of the Briton. Our correspondent includes this claim of Frenchmen to the credit therein as one of the counts in the indictment of impudence against them. But in this particular matter they all do it. Fracture of the lower end of the radius is the peculiar field of genius, which no nationality can restrain. At regular periods, about at the alternate decades, some one stumbles on it again. France and Great Britain are quite modest about it, and each associates a single name with the accident. We have Barton and Smith, of the past and passing, and now Pilcher, of Brooklyn, will certainly lay claim to a part of the glory which clings to the radial extremity; and will Moore and Packard resign hopes of immortality thereby?

Our information just now does not extend

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to other lands save those we have mentioned, or times beyond the near past; but we have a shrewd idea that if history be searched it will be found that as early perhaps as a century ago the forearm was sometimes broken near the wrist; and that not only in France and England and America, but in other portions of the world, and men began to wonder at the humps and hollows produced thereby, and to exercise their ingenuity in flattening them out. Who was the first discoverer, describer, or inventor of the Colles-Smith-Barton-Pilcher-Packard-Verneuil-etc. fracture does not yet appear more than who was the first, the original, and genuine William Tell. The man and the name alike suggest a nationality.

THE Kentucky State Medical Society will meet in Lexington on Tuesday the 11th of May. We hope there will be no confusion about the matter this year. The resolution passed at the Frankfort session year before last fixed the day of meeting on the second Tuesday of May, except in the years when the American Medical Association meets south of the Ohio, when the date is to be specially arranged. Assurances have been given that the meeting at Lexington will be another Danville affair, and those who were present eleven years since at the other session which was held in our Western Athens can easily believe that there, if at any place, such triumph is to be repeated. We trust the fact that the Lexington spring races will take place during the same week the Society meets will not influence many staid members to stay away. It was a matter over which the committee had no control.

Original.

**LECTURES ON CERTAIN PRACTICAL POINTS
IN CONNECTION WITH THE SURGERY
OF CHILDHOOD.**

Delivered before the Harveian Society of London.

BY EDMUND OWEN, F.R.C.S.

*Senior Assistant Surgeon to St. Mary's Hospital, and to
the Hospital for Sick Children.*

[CONCLUDED.]

[Reported for the Louisville Medical News.]

I can not refrain from offering two remarks on that method of treating wounds which is known as "Listerian." As I look on—an unprejudiced, possibly even a somewhat skeptical observer—I am apt to see a surgeon, perhaps a firm believer in the theory, failing manifestly in the practice. The instruments have been soaked in the carbolized solution, the spray is hard at work, but he calls in the manipulative aid of a bystander with "unwashed hands," or he uses a sponge of doubtful sweetness, or leaves passages under or between the bulky dressings which are spacious enough to allow the entrance of the largest germs six abreast. This mere making clean of the outside of the cup and platter is not, in my opinion, "Listerism." But I can say this for these gentlemen, that if the patient does not do well afterward, they are always ready to suggest that there may, there must indeed, have been some flaw in the carrying out of the antiseptic precautions. The failure demonstrates the fact.

The other remark is not my own; it is to be found in the last volume of the Transactions of the Clinical Society, and is made by a rigid anticeptist, Mr. Barker. Alluding to his fatal case, he writes, "I have never myself observed such scrupulous care in the use of antiseptics as in this operation, and have never seen more care used by others." And in conclusion he states that he considers the operation dangerous, even in spite of every antiseptic precaution that can be taken; nor must the importance of this admission be overlooked or underestimated.

Dr. Macewen uses antiseptics in his osteotomies, but he says that he would not operate on any patient under *nine* years of age at the very least. He prefers to operate on cases of fifteen years or more.*

Mr. Brodhurst informs me that the operation of osteotomy is, in his opinion, *unnecessary in childhood*, and that it should be

but very rarely resorted to even in the case of adolescents.

When I had a talk with Mr. Reeves upon the subject, some months ago, he had performed seventy-seven osteotomies for genu valgum, using antiseptic precautions in only about four per cent. He had then met with no fatal result. He did not operate under the age of *three and a half years*, nor did he think that at an earlier age an osteotomy should be undertaken.

These numerous and severe operations on the knee-joint without a bad result, although antiseptics were not employed, deserve more than a passing notice. If asked, Mr. Reeves would probably attribute the absence of casualty to the fact of the joint *not being opened*. He calls the operation the "subcutaneous extra-articular separation of the internal condyle;" but I must confess that I can not at present appreciate to its full extent this attractive title.

Mr. Barwell says* that he would gladly avoid all such undertakings previous to the *seventh year*, but that occasionally they are "almost forced" upon him.

To strike an average, then, from the opinions of surgeons who are in the habit of treating the deformity under consideration by a cutting operation is evidently impracticable. But, reading between the lines of the various contributions to the literature through which I have recently looked, and speaking from some considerable acquaintance with knock-knees, I would venture to suggest that no cutting operation should be undertaken earlier than the tenth year. But to show that such treatment is not to be adopted in *every* bad case of genu valgum in patients even above that age, I would remark that the other day I saw and carefully examined a boy in his fifteenth year whom Mr. Osman Vincent had been treating for about five months for an extreme example of the deformity, which had been steadily advancing from childhood, at which time the boy had been the subject of severe rickets. The patient was an intelligent fellow, and both he and his mother assured me that before the treatment was begun there had been a separation of eight inches between his ankles. When I saw him, however, he could, standing up straight, hold a penny flat between his knees and another between his inner malleoli. The local treatment had consisted in rest and in securing the limbs against simple trough splints. Afterward he had been allowed to go about a little with

*Discussion at Cork.

*British Medical Journal, October 18, 1879.

his knees strapped to the inner side of an iron rod, which, fixed in the sole of his boot, ran up the outer side of his thigh to the pelvis. Nor was the patient young for his age; his development was that of a man rather than of a boy. This, it seems to me, is the kind of case to be brought before a medical society. It would show what can be done on the good old conservative principles, and I trust that Mr. Vincent will ere long exhibit him at a clinical evening of the Harveian Society. Many a knotted cord is cut which with determination and patience might have been united.

And now having taken leave of the subject of osteotomy, I can not help remarking in the most general terms, and with no *arrière pensée* whatever, how often it happens that when we are reading the account of a cutting operation which might perchance be considered unjustifiable, or for the performance of which there might seem at any rate to have been no urgent demand, we find it noted that "the operation was conducted throughout on the strictest antiseptic principles." The recorder of the event would throw the fine dust of carbolic acid even in the eyes of critics who might otherwise, perhaps, have regarded the surgical interference unfavorably, and thus Lister's grand precautions for insuring cleanliness are made a stalking-horse for speculative surgery. O, Antisepticity, how many crimes have been committed in thy name!

Treatment.—I will now occupy your attention with those methods of treatment which I have for some years been in the habit of employing for the various rickety deformities of the lower extremity in infancy and childhood.

Supposing that we have to deal with a case of single genu valgum. A plain wooden splint padded upon that side which is to be in contact with the limb should be applied along the outer aspect of the thigh, and should reach six inches or so beyond the foot. The lower extremity is then to be braced firmly against the padding by means of wide webbings and buckles, and the strap which passes around the knee should be drawn most tightly. It must always be borne in mind that such apparatus is applied for two reasons: first, to keep the child from putting his foot to the ground till the bones and ligaments are strong enough to support his weight; secondly, that there may be a gentle and continuous pressure exerted against the outward-bending structures.

If both knees be valgous it will not, as a

rule, be necessary to apply splints at all, unless the deformity be extreme, but a small, firm cushion may be placed between the knees, while the ankles are tied together by a handkerchief or secured by a strap and buckles. To prevent rotation of the tibiae upon the femora as the child lies a sand-bag may be placed across the straightened knees, and when the mother will honestly interest herself in the treatment the case is certain to progress satisfactorily, though perhaps slowly. I am well aware that the mother is often ready to accept, to propose indeed, some more energetic method of treatment, any thing in fact which will procure for her child admission into a hospital and rid her of further trouble.

Some women in their anxiety for more rapid improvement suggestively inquire if greater speed could not be obtained by the use of "irons," and they are by no means always contented when I inform them that I am already employing that useful metal, but *internally* in combination with the cod-liver oil.

I confess that I regard with grave doubts the benefit which is supposed to follow the use of those "irons" in which one occasionally sees weak or rickety children walking in the streets. Apparatus in such cases should invariably be applied to prevent, not to encourage, walking.

The child which has to be taken off his feet worries and frets at the confinement at first and tries in vain to get about, but he very soon forgets that he has ever walked and learns to endure his crippled condition with as much philosophy and cheerfulness as if he were laid up after the performance of an osteotomy or the subcutaneous division of fibrous bands (if the deformity is severe outside iron rods and straps may be employed with advantage); but the child must still be kept off his feet.

Bandy-legs—And now concerning the *outward* bowing of the bones of the thigh and leg, and the simple treatment to be adopted concerning it. But let me begin the treatment with this pertinent question: What has become of the numberless bandy-legged children about whom advice was sought ten or twenty years ago? Did every bandy-legged child which survived in the struggle before the days of osteotomy grow up into a deformed man or woman? If so, unless bow-legged children are more common now than they were then we ought to be offended by the sight of at least one dreadfully bandy-legged man in every street. But after a con-

siderable amount of attention and with no small satisfaction I am prepared to affirm that there are but few adults to be met with who are so bandy or knock-kneed even as to be grossly inelegant or badly crippled. If we are told that those wretched children of ten or twenty years ago probably succumbed to chronic catarrhal affections of the lungs, or to some other depressing influence to which their rickety diathesis rendered them specially liable, one would reply that an osteotomy would hardly have increased their chance of survival. As a matter of fact children with a little care do, to use a household expression, often grow out of these deformities, and if they could have the six weeks or six months stay in hospital with all its attendant warmth, food, and care, they would without the adoption of heroic measures commence and probably continue marked physical improvement. Surely if, when a bandy tibia and fibula have been divided in a rickety child, the little patient is sent back to its miserable home there will be great risk of the bones again bending in one direction or the other, the new osseous tissue will hardly be as firm and useful as the old.

Speaking from some practical acquaintance with the subject and keeping well within my meaning I would venture to urge that soft little tibiae of three and four years growth need not be sectioned or have wedge-shaped pieces of osseo-cartilaginous tissue removed from them for a harmless bending. Mr. MacCormac did well to remark in the discussion at Cork that in the case of children up to six years of age the limb would yield, and that after the application of two or three plaster-of-Paris bandages it could be made quite straight, but he might have gone much further as regards age.

Supposing that a child's tibia is badly bent outward (the femur in all probability is also affected), a light, straight wooden splint is applied with its padded side along the inner aspect of the leg, reaching from the knee to several inches below the foot, and to it the bending leg is securely strapped. It would be inadvisable to take the splint higher up than the knee, because then if the strap were passed tightly around the joint the internal lateral ligament would be strained and the knee thus would be made rocking or valgous. With such a splint the child can not possibly walk or even stand. Supposing that the leg-bones on each side are bowed outward, the femora being also affected, a splint must be separately applied to each limb,

though as it is often only necessary to keep the patient off his feet the one splint may be constantly changed from right to left leg.

But if both legs are bandy, while the femora are unaffected, a wooden splint two and a half inches wide, well-padded on either side and long enough to reach from just above the knees to three or four inches below the feet is placed between the limbs and the legs are firmly strapped up against it. The webbings may be run through tape loops which are fixed to the front and back edges of the splint. If the patient tries to unbuckle the straps the loose ends may be fixed behind with safety-pins. It is not necessary that the splint be worn at night; it may be taken off at bed-time and when the child has been well dried and rubbed in front of the fire after his warm sea-water bath, he may give his limbs a little exercise before being put to bed in his flannel night-dress. But if the knees are widely separated as in genu extrorsum this double splint should not be used. Each tibial curve must then be treated separately and thus every chance will be afforded the bendings of righting themselves. And I speak from absolute knowledge when I say that extreme bandy deformities may by these means be cured if the child be properly tended and kept off his feet at the same time.

A deformed limb may be advantageously treated by trough or flat splints and India-rubber rollers, as recommended by Mr. Parker, but I hardly think that the parents of the child should be trusted with the elastic bandages, lest in their zealous endeavor to obtain the most rapid improvement they apply them too tightly. A little patient of my own had a severe attack of erysipelas of the leg, caused by the pressure of an India-rubber bandage, and the case is of sufficient interest as showing the effect of the ordinary and patient treatment, that I will say a little more about it. The child was admitted to Great Osmond Street Hospital on November 9, 1878, for genu valgum of right side and bandiness of left leg, being three years and a half old. She had been carried continually on the mother's right arm. The outline drawing on the wall which I show was executed from a tracing taken on her admission to show the knock-knee. The tibial deformity is not well shown in the sketch but is fairly represented by this cast. The valgous limb was treated by a simple splint and straps, the other by a trough splint, but the one day's pressure of the elastic bandage caused so severe an attack of

cellulitis that the splint had to be taken off. She was discharged on January 2, 1879, considerably improved. She was kept fairly at rest for about nine months at home, and she is now so well that the mother has some time since taken her discharge and she is running about continually. This other tracing was taken of her legs last month and shows the improvement.

I would remark that when splints are applied to each leg they should be of different lengths, lest the child, fancying that he is on stilts, insists upon standing or walking; and as the bones are all soft, the more he keeps upright the greater will become the deformity, if not in the leg bones, perhaps in the spine or pelvis. The plastic bones of the pelvis may be almost crumpled up from the superimposed weight without attracting much attention, so that in the case of the growing and weakly girl it becomes absolutely necessary to keep her during a great part of the day in the recumbent posture. But so thoroughly are the board-school officers doing their work that it is with some difficulty that I can keep such girls from spending the greater part of the day standing in class, seated at a desk, or lolling forward on a form; for these are but too often the exotic plants which teachers delight to cultivate and force, and eventually exhibit in a weedy show of prize intellects.

In conclusion, I will direct attention to an arrangement as simple as it is effectual for insuring a child being kept continually and thoroughly in the horizontal posture in bed. I believe the idea originated in the Hospital for Hip-joint Disease in Queen's Square; an institution, by the way, which is doing immense good in a most modest and quiet manner. When a child is suffering from cervical hip-joint disease, it *must* be kept flat on its back; and in out-patient practice it is difficult to insure this, for as soon as the mother relaxes supervision the child will roll over on its side or raise itself on its elbows; and then to make it comfortable a little brother, or some other equally injudicious friend, will bring it a pillow. It is hard enough to keep a child absolutely flat even in hospital; so loops were made full large enough to receive the arms just beneath the shoulders, and the loops were connected in front by a webbing which runs across the chest. When the loops are so arranged a long piece of webbing or a strap is run through them behind the patient's back and the ends secured beneath the bed. And in this artful way, though the child can

shift its position in the horizontal plane, it can not possibly raise itself. (The armlets may be made out of an ordinary roller.) When the chest-band has been beautified by art-needlework, any child is proud to wear the yoke—*ars est celare artem*. Now every knot must bear a name, so let this valuable harness be called the "Queen's Square Armlets."

Correspondence.

PARIS LETTER.

FROM OUR SPECIAL CORRESPONDENT.

To the Editors of the Louisville Medical News:

I see that M. Guérin has commenced the second controversy on the subject of Sayre's plaster jackets and suspension method for the treatment of spinal curvature in the *Union Médicale*. M. Guérin is a curious old fossil, an octogenarian of singular activity of mind, but who has all his life seen things like Talleyrand's squinting friend A'Travers. Like many other octogenarians M. Guérin is of opinion that there is nothing new under the sun, since his early youth at least, and that he himself managed to bring surgery to the culminating point. This is not an uncommon complaint of an old man in this old world. Possibly they are less affected with it in your new world, but both in England and France our Nestors are commonly of opinion that there is very little if any thing that is new, and that whatever pretends to be so is generally some old error turned up again. Thus even so distinguished a man as Professor Erichsen some few years since expressed an opinion that surgery had almost arrived at the point of perfection and that very little which was new could be expected after the conclusion of his fifth edition; and it used to be the standing joke of the Pathological Society of London when Dr. C. J. B. Williams (Alphabet Williams, as he used to be somewhat irreverently called) was president that his speeches always began: "Forty years ago I wrote a paper on this subject in which I clearly demonstrated the main points which are now being brought under notice." When the famous Dr. Copeland was president a year or two before Williams he had another formula almost as generally available. His speeches generally began: "On referring to my dictionary you will find on page so and so this old subject treated exhaustively." He was known as "Dictionary Copeland."

To return to M. Guérin, he has fallen foul of Dr. Noel Gueneau de Mussy, who, having been present at Cork at the last annual meeting of the British Medical Association, saw the magnificent cases of cured caries of the spine and lateral curvature which had been successfully treated by Professor MacNaughten Jones by Dr. Sayre's suspension and plaster jacket. Dr. de Mussy describes some of these results in rather enthusiastic terms in a series of articles which he is publishing in the *Union Médicale*, giving a very interesting account of his visit to Ireland and of the general organization and proceedings of the British Medical Association. M. Guérin observes that there is absolutely nothing new in the theory of spinal extension, and that the suspension is only a method of spinal extension, and that there is also absolutely nothing novel in the use of spinal corsets which, as he observes, are to be seen about the streets in every city in Europe; and he concludes more ingeniously than ingenuously that therefore there is nothing new in Sayre's method of suspension together with plaster jackets applied during suspension. He conjures up all the frightful series of fatal results which have occurred on extension of the spine by various violent methods and draws a dreadful picture of the lamentable results which ought to happen upon the application of Sayre's method. It is of course nothing to him that these results did not happen; he has of course never seen the method applied, and like Frenchmen generally he is utterly ignorant of the whole literature on the subject throughout Europe; but he rides the *a fortiori* horse according to the most approved doctrines of the French school of M. Nege, and traces out all his worn-out platitudes with an air of great pride. All this is thoroughly French; it is a second edition of the sad exhibition which M. St. Germain previously made of himself and the curiously obstructive not to say impertinent manner in which this valuable invention and treatment has been received in France, and in a manner which is unfortunately too characteristic of the present state of the French school of surgery and medicine not to deserve notice. Frenchmen have for the last fifty years been under the impression which Victor Hugo is so fond of announcing in the language of heroic verse, that not only is Paris the center of the world but the source of all light and of all culture and the fountain of knowledge. Hugging themselves in this belief few of them read any foreign languages still, and the re-

sult is that during the last thirty years the French school of medicine and surgery has fallen half a century behind the rest of the world. They have had a terribly rude awakening with respect to their military organization, and they have learned also painfully and rebelliously that in science they are as far behind the rest of the world as they were in war, or even further. The bitter lesson, however, they have not yet taken to heart.

The French hospitals for the last thirty years have shown so fearful a mortality from hospital diseases that union by first intention, which has been the familiar achievement of all the hospitals of England and of America, was regarded as a dream. Chassaignac and Maisonneuve spent their lives in building up methods of tearing and crushing the tissues, which methods were based upon their observation that cutting wounds in French hospitals was almost invariably followed by abundant suppuration, and in a large proportion of cases by septicemic poisoning. They therefore concluded, not that any reform was necessary in their principles of dressing or in their system of hospital management, but that the knife ought as far as possible to be abandoned, that primary union was an unsurgical proceeding, and that in its place the endeavor should be made to crush the tissues instead of cutting them, because they were of opinion that by crushing them the vessels were sealed and pus was less likely to get into circulation. It was from this utterly hopeless state of surgery that Chassaignac's ingenious invention of drainage-tubes originated. Their history is indeed a history of the utter failure and lamentable break-down of the surgery of his period, a period only just closed, for he died only last year, while Maisonneuve still lives. His ingenuity constructed methods and instruments which the surgeons of a better school have known how to utilize, but, as those well know who read his treatise or who followed his practice, his instruments will always remain as a monument of the worst and most lamentable results ever seen in a hospital in a civilized country. Many of the faults of this period are still manifest, although they are slowly being effaced by the influence of British and American surgery. Antisepticism is beginning to banish the old horror of cutting wounds, and French surgeons are learning unwittingly that union by first intention is the aim which is not only within the reach of every surgeon, but which ought to be the rule, while any

thing else is the exception. During the last quarter of a century, however, France has contributed little or nothing to the advance of surgery. The re-sections of joints, the operations for cleft palate, the operations for ovariotomy, and other great advantages in surgery have come to them from without and have only with great difficulty obtained a footing in France. Half a century ago ovariotomy was regarded in Paris as a rash, reckless, and almost necessarily fatal proceeding. Nélaton, in the last years of his life, began to operate only after having seen in London how great were the successes of the British surgeons in this respect, and then his visit to London was cited in Paris as a rare example of Anglofobia. Nothing has any value in France unless it can by some stretch of ingenuity be carried back with direct meaning and attached to a French name. Hunter's operation for aneurism, by which he revolutionized the surgery of the arteries, is known in France as Anel's; and Colles's fracture is known to them as Verneuil's; and the process which every new discovery in France has to go through is that after having been looked at askance for a quarter of a century, until it has become universal in every other part of the globe, it is brought forward as a novelty by some French surgeon who traces it back to ancient progenitors in the medieval period of French surgery, and ever afterward it has a French name attached to it.

Lister's method, to which France already owes so much, it has long been the fashion to treat in the French way. Every body, they say, has known for many years of carbolic acid as an antiseptic, and before carbolic acid was there not the *Phenol Bobeuf*? and as to the rest, does not Lister employ drainage-tubes, and were not drainage-tubes the invention of Chassaignac? so that their method is first of all to deny that antiseptic surgery is of any use; second, to practice it with the most absurdly futile and childish carelessness; and thirdly, when its triumphs have become such that the younger surgeons declare that French surgery can no longer continue its course unaffected by Listerism, to declare that Listerism is a combination of Bobeuf and Chassaignac, and is essentially French. It is unquestionably said that this method is essentially French. Dr. Sayre need not therefore be surprised, nor need American surgeons generally feel any anger, that the first step in the recognition of this American improvement is that it should be scorned, laughed at, and dismissed as value-

less. They may be sure that the second attempt will be that which is now being inaugurated by M. Guérin of proving that it is of French origin. Ultimately in a few years' time it will be brought forward in a paper illustrated with a series of successful cases and be the subject of a long debate as a valuable French invention. I have not the least hesitation in predicting that this will occur, because I hear that one of the ablest practical surgeons of France has just committed the uppatriotic but useful solecism of taking a professional journey to Germany, and that there he has seen at so many places long series of cases successfully treated by Sayre's method that he began really to doubt whether this American invention has not in it something which is worthy of being acclimatized in France. While I am on the subject of French hospitals I should like to say that in my opinion foreigners who visit the French hospitals do a real service to American physicians and surgeons by telling them the plain truth which they are but little accustomed to hear.

To the Editors of the Louisville Medical News:

It is said "every one has his hobby"—his panacea. While this is not literally true with me, I would feel much at sea if I were deprived of the use of salicylic acid as a remedial agent. I beg leave to give my experience with it in numerous and varied instances. I believe its therapeutic value to be antifebrile, antiperiodic, antisепtic, anti-rheumatic, antineurualgic, anticryptogamic, and antizymotic. That will do for the *antis*. Diaphoretic and diuretic; locally, escharotic and astringent. As an antifebrile, antirheumatic, antizymotic, etc. I use the following formula:

I. R Acid salicylic.....	3 ij;
Soda bicarb.....	{ aa 3 jss;
Ammonia	
Glycerin	{ aa fl. 3 ij.
Aqua menth. pip.....	

S. Tablespoonful every three hours till tinnitus aurium is established, and then lengthen the interval to the extent as to keep up said effect on the ears. Continue this for three or four days in a case of rheumatism, neuralgia, or diphtheria. In the latter (diphtheria) I use it with success as a substitute for quinine. It can be administered during high febrile excitement, it acting as an excellent diaphoretic and diuretic. Locally, I have used it applied to the throat in diphtheria, with a soft mop, in the following pro-

portions, which does not make a solution, but a mixture, by shaking well:

2. R Acid salicylic..... 3 j;
Aqua camph..... fl. 3 ij. M.

S. Mop throat twice or thrice daily. Locally also in gangrene and indolent ulcers the following:

3. R Acid salicylic..... 3 j;
Alcohol (dil.)..... fl. 3 ij.

S. Apply once daily on gangrenous or ulcerated surface. I think this far superior to nitric acid and all other caustic lotions for gangrene. It disinfects and separates the sloughing parts, dries up the discharges, and causes healthy granulations quicker than any application I ever used. It is a most excellent application to cutaneous erysipelas, used in addition to the internal remedies of iron, etc. as indicated in No. 1 formula above. I regard it almost a specific in gangrene and indolent ulcers. As a topical remedy in many skin-diseases, such as tetter and others of its kindred nature, I know of nothing so effective, used as indicated in formula No. 3.

FRANKLIN, KY.

L. J. JONES, M. D.

SALT IN DIPHTHERIA.

To the Editors of the Louisville Medical News:

I have something to say about diphtheria that I would like to make known to the medical profession through your journal.

Saturate your cases of diphtheria with salt (chloride of sodium), and they will recover. Saturate the other children in the neighborhood, and the disease will not spread. Chloride of sodium is a prophylactic and an antidote to diphtheria. I use salt-water with the sick, keeping them near the vomiting-point; and use it with the well ones by making their diet very salty, or any other way you can get it in them. L. L. BATTLE, M. D.

WITHE, SHELBY CO., TENN.

CURIOS CANCER STATISTICS.

To the Editors of the Louisville Medical News:

There have to my knowledge been within the past ten or twelve years twenty-one cases of cancer in and near this little town—three cases in the town, three within six miles, and fifteen within two and one half miles of the town. Within that time the disease has developed itself as cancer in every case except four. Ten were white females and one black; nine white males and one black.

Of this number four only are living—two males and two females, white. When the cancer made its appearance nineteen were over forty-five years of age, but two under thirty. Location: mammary in six cases; face in eleven; uterus in two; hand in one; and stomach in one.

While no one may be benefited by this report, yet I trust it will be interesting to some, and that it may call forth an effort to learn the cause of so many cases of a non-contagious disease in one locality within so short a time. If there is a cause for everything, there must be a cause for this. I shall wait anxiously to hear from any who may be able to throw light on this subject.

S. N. MARSHALL, M. D.

JEFFERSONTOWN, KY.

Miscellany.

CO-OPERATIVE DRUGGERS.—Is the modern drug-store a necessity to the physician? A movement has been set on foot by several prominent physicians for the establishment of co-operative dispensaries, owned and supervised by themselves. A group of physicians—say ten or twelve—whose offices are in the same neighborhood, associate together for the purchase of a stock of drugs, rent a room, and employ a competent pharmacist, whose duty will be simply to fill their prescriptions. The advantages to the physician of thus dispensing his own medicines will be unquestionable. He will be above the reach of the impertinent accusations thrown broadcast at the profession by these few self-constituted guardians of our morals; he will find himself no longer the victim of the petty business jealousies of druggists (the root and origin of all this pothole); he will be out of the atmosphere of strife, where contending apothecaries are flying at each other's throats for the sake of a fat prescription-file. Above all, he will feel safe that his patient gets what he intends he should get; that, when a mixture of a dram of quinine is ordered, he is not put off with half a dram; that the odious trick of substituting a cheap drug for a dear one is not practiced on him. To the patient it will prove a saving to an extent he little dreams of, for medicines will be furnished him at only such an advance upon cost as will cover expenses. It becomes a question whether it is not the duty of medical men to inform the public of the enormous dis-

proportion between the cost of medicines and the prices usually charged for them. If the grocer or the clothier are content with reasonable profits, why should the apothecary expect to clear four or five hundred per cent on the medicines he dispenses?

The co-operative plan has been found eminently successful in other countries, and we earnestly urge its adoption by the physicians of this city. Let us combine and dispense our own medicines. The public will not be slow to appreciate those physicians who thus show a disposition to save them from extortion.—*Western Lancet.*

[If we can not trust our best druggists, may we safely rely upon any body? And, amiable, confiding, fraternal, and peaceful as we are among ourselves, could "ten or a dozen" of us run a co-operative drug-store amicably and successfully?]

ANOTHER Paris medical student has fallen a victim to diphtheria. M. Reverdy was one of M. Bouchut's assistants at the Hôpital des Enfants-Malades, and, although he became seriously ill, continued his work till M. Bouchut insisted upon his going to his home at Laval. It was, however, too late, and the poor young man died a week after leaving his post—the seventh medical student who has died from diphtheria contracted in this hospital during the last year. These melancholy facts speak highly for the devotion of the young men, but we fear also point out but too plainly the unsanitary condition of the French hospitals.—*British Med. Jour.*

A UNIQUE LETTER.—From the St. Louis Med. and Surg. Journal:

Dr. Gregory: I want to read a letter from a distinguished gentleman of Dr. Hughes's specialty. I wish to read it so that young anatomists may look the subject up and inform me how the particular thing which was claimed to have been attained in the particular case referred to in the letter was reached. Dr. Prewitt perhaps knows that some years ago he was consulted by a prominent young gentleman of this city for a neuralgic affection. It proved to be so annoying that the patient went to one doctor after another. He was my patient for a time. This young man, after trying a number of physicians, went East to consult some one there. Before he started I advised division of the nerve that was implicated. He returned, claiming that the nerves had been divided by a distinguished gentleman. He would tell me that the cutting was done, but I was at a loss to

know where the nerve was divided. The disease returned, and I requested him to write to the physician and find what it was that relieved him. In reply to a letter he received the following answer: "The nerves I cut in your case were the cutaneous branch of the eleventh and twelfth dorsal, and the first and second, third and fourth lumbar. I think it would serve you to have the operation repeated."

I must say that I am still puzzled about what was done, as I was before the letter was given me.

WM. A. HAMMOND.

NEWSPAPER LAWS.—We call the special attention of postmasters and subscribers to the following synopsis of the newspaper laws:

1. A postmaster is required to give notice by letter (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster responsible to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the paper.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, whether it be taken from the office or not. There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it if he takes it out of the post-office. The law proceeds upon the ground that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

THE MODERN HOMEOPATH.—Dr. Tyrrell thus truly writes, in the San Francisco Western Lancet: *We have among us now a number of men who, professing to be followers of Hahnemann, and calling themselves homeopaths, are nevertheless under that name practicing regular medicine; in other words, they are deceiving the public who trust them and decrying us who expose their villainy.*

Do the Exigencies of the Case require that Physicians and Lawyers should be Educated in their Professions by the Taxable Inhabitants of the State? is the suggestive title of a paper by Dr. Jerome in the Detroit Lancet.

WINE is the work of God; drunkenness is the work of the devil.—*St. John Chrysotom.*

Selections.

Wood's Operation for Radical Cure of Scrotal Hernia—Complete Cure.—Condensed from a report of Mr. F. C. Barker, in the *Lancet*:

A healthy lad of twenty was admitted to the hospital for hernia. The hernia was a year old, readily reducible, and as easily caused to descend. It was acquired during a straining effort in dysentery.

The operation was performed with chloroform, an assistant keeping up the intestine. The wires were crossed over the pad, according to the directions of surgical manuals, but the lower one was brought through a special slit made for its exit higher up than the scrotal incision, as the latter, from its direction, would have been kept agape from a wire drawing up one of its sides.

The wires were drawn out on the tenth day, some sloughing having meanwhile taken place of the scrotum and groin, and of a patch of scrotal skin below the incision with a pretty sharp febrile movement for the first day, a fetid black discharge with gaseous gurgling following on the second. After this a gradual cleansing, aided by carbolic lotion injections, took place. On subsidence of the sloughing a long sinus was left, uniting all three wounds; this was laid open with a bistoury on the twenty-first day and its floor discovered to be composed of the invaginated tissues properly adherent in their new situation and undisturbed by violent coughing, which also did not interfere with the tucked-up position of the testicle. This wound quickly contracted under cleansing and disinfecting treatment and finally cicatrized under a thick scab formed by applications of caustic.

He was discharged on the 15th of December with the wound healed, testis still tucked up and of natural size, and no descent of hernia on standing and coughing.

Are Dilatation Instruments Necessary in Gynecological Practice?—This question is asked by Carl Schroeder in No. 26, *Centralblatt für Gyndkologie*, 1879, in reference especially to a paper in No. 25 of the same journal by Fritsch, advocating rapid dilatation under chloroform with steel sounds of gradually increasing size, instead of sponge or tangle tents. Schroeder goes further, and would do away with dilatation in all cases. He proposes, in most cases where dilatation is ordinarily advised, to remove from the interior of the uterus, for examination, a small portion of the mucous membrane through the undilated cervix, by means of a sharp curette with appropriate long flexible handle. If found necessary, the hypertrophied mucous membrane may be entirely removed in this way. If it is really necessary to get the finger into the cavity of the uterus, Schroeder proposes to divide on both sides the vaginal portion of the cervix throughout its entire length, and then to pass the finger through the inner os, which in such cases is usually large, by forcible pressure of the index finger. Counter-extension is made either by pressure upon the fundus of the uterus or by traction on the neck with a volsella. The incisions made in the vaginal portion of the cervix Schroeder unites by suture so soon as the necessary operative interference with the cavity of the uterus is effected. [It appears to us that few people will regard the advantages presented by the heroic methods either of Fritsch or of Schroeder superior to the ordinary method of slow dilatation by the use of tents.—*Edin. Med. Jour.*]

Action of Salts on the Kidneys.—MM. Richet and Moutard-Martin have continued their researches on the effects of injecting various substances into the veins, and have communicated their results to the Académie des Sciences (*Lancet*). They find that distilled water injected into the veins far from being, as might have been anticipated, diuretic, arrests the ordinary secretion, even when the quantity thrown in amounts to ten grams for each kilogram of the total weight of the animal (1,544 grains to each 2.2 lb. av.). In smaller quantities, as five grams to each kilogram, it checks without arresting it. In larger quantities it permanently arrests the secretion, and the function of the kidney can not be re-established. All substances which are either normally or accidentally discharged by the urine are diuretics, if they occur in the urine in larger quantities than natural; in fact, their elimination induces the discharge of a certain quantity of water. The beginning of the diuresis coincides exactly with the commencement of the elimination. The condition of concentration of the fluid injected appears to matter little in the effects produced on the renal secretion, for the polyuria seems to be due exclusively to the elimination of the salts injected. In a therapeutical point of view it is obvious that diuretic remedies should be looked for among the substances that are normally found in the urine, as urea, the chlorides, and phosphates, or among those that readily escape by the kidneys, as sugar.

Twins Born with an Interval of Forty-four Days.—Dr. James C. L. Carson writes to the British Medical Journal: A lady requested me to visit Mrs. D., of Coleraine, who had once been a servant in her house. I went and found as follows: Mrs. D., aged forty, was the mother of four children. On December 22, 1879, she was taken ill in labor, without any apparent cause, about a fortnight before the time when she expected to be confined. She was attended by a midwife, and was safely and easily delivered of a male child. The placenta came away without any trouble and seemed to be all right; there was no hemorrhage. The child seemed perfectly formed, with perfect nails, but was remarked to be rather small and weak; it died in six hours. After this the mother never became healthy or natural in appearance. She was supposed to be dying in dropsy. The whole affair, however, was cleared up by the birth of a fine, well-grown, healthy daughter February 4th. Mother and baby are both doing well. There were just forty-four days between the birth of the two children.

Elephantiasis of the Upper Lid.—A case of this exceedingly rare affection, from the surgical clinic at Göttingen, is described and figured by Dr. Walzberg (*Klin. Monatsbl. f. Augenh.*) The patient, a woman, aged twenty-seven, was born with a slight hypertrophy of the upper lid of the left eye. After some time this was subject to intercurrent inflammations, which caused it gradually to increase in size until it reached the angle of the mouth. During the intervals of the inflammatory attacks it appears to have been subject to no noticeable increase in size. The eye was amaurotic. Curiously enough, there was a similar tumor on the right eye. The tumor of the lid was successfully removed by Professor König, although the hemorrhage was excessive. On microscopic examination it was found to consist of very cellular connective tissue, with abundance of elastic fibers.—*Edinburgh Medical Journal*.

The Pathology of Nystagmus.—Hermann Wilbrand (*Klin. Monatsbl. f. Augenh.*): The experiments of Vulpian, Hitzig, Goltz, and especially of Ferrier, have shown that nystagmus can be produced by the excitation of certain portions of the gyrus angularis, the optic lobes, the floor of the fourth ventricle and aqueduct of Sylvius, and different parts of the surface of the cerebellum; also by disturbing the equilibrium of the cerebral ganglia and cerebellum by excitation or destruction of the centripetal fibers connected with them, viz. the crus cerebelli ad pontem, corpus restiforme, semicircular canals, retina, fifth nerve, etc. The following conditions can therefore be supposed to favor the occurrence of nystagmus: 1. The center for voluntary movement of the eyes (situated, according to Ferrier, in the gyrus supra-marginalis and angularis) has not attained its full development; 2. Its functions are suppressed or its communications weakened or abolished; 3. The conditions one and two may be combined. The author has brought together a large number of cases in which the disease or accident which has been accompanied or followed by nystagmus may be supposed to have produced it by satisfying one of the above conditions. That is, when the relation between the voluntary and reflex centers of movement has been disturbed by some cause producing either excitation of the latter or diminution in the activity of the former nystagmus is the result.—*Edinburgh Medical Journal.*

Magpie-dust.—Medical men of all nations will (says the Daily Telegraph) learn with interest, upon the authority of no less exalted a personage than the Princess Bismarck, that magpie-dust is an infallible panacea for the falling-sickness. The most confirmed epileptic may achieve a radical cure of his distressing malady if he will only swallow a sufficient quantity of the dried and pulverized flesh of this furtive fowl. At any rate, so we should infer from the following circular, addressed by the president of the Eckenfoerd Shooting Club to the members of that association: "M. . . 2d January, 1880. Her Highness Princess Bismarck wishes to receive, before the 18th instant, as many magpies as possible, from the burnt remains of which an anti-epileptic powder may be manufactured. I permit myself, therefore, high and well-born sir, to express to you the entreaty that you will forthwith shoot as many magpies as you can in your preserves, and forward the same either to the chief forester Lange, at Friedrichruhe or hither, without paying for their carriage, down to the 18th of this month. Teeming with exalted respect, I am, etc., J. L. L.—*British Med. Journal.*

[Evidently the fool-killer is needed in Germany.]

Diseases of Animals which do not necessarily render them Unfit for Food.—Dr. Vacher (Edinburgh Medical Journal) deals with a subject of extreme importance, and which necessarily raises the question whether a judicious conservation of meat usually condemned as unfit for food might not follow upon a scientific and further consideration of the effects of special diseases upon special animal tissues. He says that necessarily such diseases as cattle-plague, pleuro-pneumonia, sheep-pox, etc., being general diseases, unfit a whole carcase in every sense for being used as food. A second class of diseases exists, however, in which are included affections that, Dr. V. holds, deprecate the quality of the meat and make it more liable to decomposition, but that at the

same time do not, save in their later stages, render the meat utterly unsuitable for food. Such are foot-and-mouth-disease, hoof-rot, tuberculosis, acute inflammatory diseases of lungs, intestines, and serous sacs, jaundice and cardiac dropsy, etc. Dr. V.'s third class includes such diseases as are absolutely innocuous in any stage, and which do not render the meat unfit for consumption. Such are 1. The presence of certain immature *Tanidae* (e. g. *Cysticerus tenuicollis*, the scolex of *Tanias marginata* of the dog) found in the peritoneum, etc. of sheep, oxen, and swine; 2. Presence of larval bot-flies (*Oestrus*) in the frontal sinuses; 3. *Erythema*; 4. *Herpes circumatus* in cattle; 5. *Pemphigus* in sheep, lambs, etc.

Several medical men of prominence, both here and in England, have lately maintained that tuberculosis is often imparted to human subjects by milk from diseased cows, and Prof. Otto Bollinger, of the Munich University, one of the highest authorities in Germany, has sustained their position in a paper recently read in that city. He said repeated experiments show that the milk of tuberculous beasts has a very decided contagious influence and reproduces the disease in various animals, and that its noxious properties can not be expelled even by boiling. While the tuberculosis of man is not completely identical with that of the cow it is exactly similar; hence there is constant danger to any community where milk is freely used. The professor enjoins upon farmers the necessity of taking the strictest care of their stock, and upon people generally the greatest care as to the quality of milk they use. Rigid measures should be adopted every where to exclude distempered cattle from dairies. This has been done in the associated dairy established recently in Munich and will have, it is believed, excellent hygienic effect. All cows are there kept under the closest medical supervision, and at the slightest symptom of tuberculosis are immediately removed. It is estimated that nearly ten per cent of the cows kept in towns are more or less diseased, a proportion which must be much increased in New York where, in all probability, more unwholesome milk is sold than in any city on the globe. If the tuberculosis theory be true it is singular that one half of our population has not unsound lungs.—*Clinical News.*

Vichy Water in the Treatment of Diseases of the Stomach.—Dr. Leven communicated to the Société de Biologie (translated from *Le Progrès Médical*) the case of a woman, aged thirty-seven years, who had been admitted to the hospital for persistent vomiting which had lasted nearly three years. The patient had suffered from dyspepsia for fifteen years. She had nourished herself with soups, vegetables, and light cheese, never eating meat. On entering the hospital patient ejected instantly all manner of food or drink taken into the stomach. Her temperature was 37.2° C. Dr. Leven first tried to make the patient drink the Vichy water, but it was immediately regurgitated. He then introduced an elastic tube into the stomach, through which five glasses of Vichy water at 37° C. were successively introduced. After remaining in the stomach for two minutes the fluid was withdrawn by means of the syphon. This treatment was continued every day. Dr. L. states that already on the second day the vomiting had ceased. She can now eat eggs and fish without any trouble. A hyperesthesia of the skin which patient had on entering the hospital has entirely disappeared.

Herpes of the Genitals.—Dr. Lande (*Journal Mtd. de Bordeaux*) reports three cases of this affection, and offers the following comments upon its nature. He believes that it is not most commonly due to local irritation, but is a special disease analogous to zoster. The eruption is often preceded by neuralgic symptoms for a few hours, or even three or four days, the intensity of which is in no way proportionate to the extent of the former. The pain generally ceases with the appearance of the vesicles. The neuralgia is of three varieties—sciatic, testicular, and urethral; in women ovarian replaces testicular pain. (An argument against Lande's view is the markedly recurrent character of genital herpes, while true zoster seldom affects the same individual twice. With reference to the question of a local cause, Kaposi has recently remarked that many patients express themselves positively that constantly after coitus they are seized by an eruption of herpes. The compiler of this periscope would be glad of any suggestions or notes of cases of this singular affection, of which a summary would be published.)—*Edinburgh Medical Journal*.

Vulvitis Infantalis.—Vulvitis of children generally occurs as a consequence of cold and it is liable to recur. It is generally easily cured, and of its treatment it would be useless to say any thing, so well is it given in systematic lectures and text-books. I have seen it as often among the rich as among the poor, and I mention this because in almost every book you are told that dirt and worms are two chief causes of it. Now I do not believe it, because dirt is very common and I have found no reason in my experience for thinking that dirt produces it more frequently than cleanliness. In the same way it is said to be due to worms. Now while I have seen many cases of worms without it, I have never seen a case of vulvitis that I could ascribe to worms. And I believe that this is an illustration of the injurious tendency to repeat what has been said before. *Because one author of repute says a thing every one repeats it.* Every one of you has been taught that worms cause convulsions in children, but were I lecturing on the subject of convulsions I should make the same skeptical remarks on that head. I never saw a case of convulsions that I could reasonably trace to worms, and I never saw a case of worms that caused convulsions.—*Prof. J. Matthews Duncan, in Med. Times and Gaz.*

Re-union of an Amputated Finger.—Mr. R. A. Greer reports this case in the New Orleans Med. and Surg. Journal: An adult male had the third finger of the right hand entirely severed half way the second phalanx. The fragment was presented to me lying in the palm of the same hand, enveloped in a coagulum of blood which had formed while he was walking to my office, a distance of three-fourths of a mile. Gently sponging the parts to remove any foreign substances present, the parts were then carefully adjusted, two sutures of ordinary flax were placed on each side to the depth of the skin and the finger was carefully confined by a bandage to a splint on its palmar surface. The time which elapsed from the accident to the adjustment of the amputated extremity was about one hour. The patient reported on the fourth day, to my great satisfaction, that perfect union had taken place, and by the tenth day nothing remained to mark the site of injury, save a slight cicatrix around the line of separation.

Dextro-Quinine in Periodical Hemicrania.—I was called to see a little son of Mr. Charles Lankford, of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day. His nose would bleed often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron, and hyoscyamus. I found no improvement, but an increase of the head trouble with more hemorrhage from the nose. I then put him upon quinine alone; his head continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent but the headache and imperfect vision remained. I then discarded all remedies and put him upon three-grain doses of dextro-quinine (K. & M.) three times a day. I am pleased to report that after the second day's use of dextro-quinine the hemicrania was entirely relieved, nor has it since returned. The eyesight became perfect, the bleeding from the nose has occurred but once since. This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-quinine obviated the difficulty and cured my patient.—*C. A. Bryce, M. D., Editor of Southern Clinic, Richmond, Va.*

Preparation and Use of Albuminate of Iron. Dr. W. Donitz, in the *Berlin Klin Wochenschrift*, highly commends the albuminate of iron in anemia. The whites of one or two eggs are beaten up with about five ounces of water, while six drops of solution of chloride of iron of the German Pharmacopeia are dissolved in an ounce of water in another vessel. The iron solution is then added gradually to the albumen, the mixture being continuously and vigorously stirred meanwhile. At first the mixture is cloudy, but by thorough stirring it becomes almost or quite clear. When the solution is cloudy or contains clots of albumen it may be filtered. The filtered fluid is brought up to six ounces, so that a tablespoonful will contain one half drop of the iron solution. For convenience it may be dried and powdered, since it is easier to dissolve this powder in water than to prepare a fresh supply of the moist albuminate. Dr. Donitz has employed this preparation with great satisfaction. It can be given in cases where no other is tolerated. Dose, a tablespoonful thrice daily.—*Lond. Med. Record*.

Treatment of Asthma by Potassium Iodide and Iodide of Ethyl.—Dr. Gougeon (*Le Progrès Médical*) has observed beneficial results in certain cases of dyspnea after the use of potassium iodide, both alone and combined with iodide of ethyl. Every one knows how difficult it is to cure or even to benefit the majority of patients who suffer from asthmatic dyspnea. He administers iodide of potassium at the outset of the disease in a sufficient dose—that is, at least one and one half grams, increasing it progressively to three or four grams and only limiting the use of the drug on the appearance of iodism.—*Chicago Med. Jour. and Ex.*

A case of periodic worm fever is reported by Dr. S. S. Herrick, in the New Orleans Medical and Surgical Journal.